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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

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	22913	7590 06/23	2/2009	pap havi	papers. Each additional paper, such as an assignment or formal drawing, mu- have its own certificate of mailing or transmission.			
Workman Nydegger 1000 Eagle Gate Tower 60 East South Temple Salt Lake City, UT 84111				I he Stat add tran	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is bring deposited with the United States Yould Service with sufficient posting for first class mail in an crivelype of the Company of the Compan			
				(Signature				
							(Date)	
ſ	APPLICATION NO. FILIN			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
٦	10/735,417 12/12/20		•	Stephen C. Gordy		15436.204.2	2147	
1	TITLE OF INVENTION: NETWORK TAP WITH INTERCHANGEABLE PORTS							
	APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUI	E DATE DUE	
	nonprovisional	NO	\$1510	\$300	\$0	\$1810	09/22/2009	
	EXAMINER		ART UNIT	CLASS-SUBCLASS]			
_	MACILWINEN, JOHN MOORE JAIN		2442	709-250000				
1	. Change of correspondence address or indication of "Fee Address" (37 FR 1.363).			2. For printing on the patent front page, list				
CRA 1:505). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address "indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to				
				2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3	. ASSIGNEE NAME A	ND RESIDENCE DAT.	A TO BE PRINTED ON	THE PATENT (print or ty)	ne)			
	PLEASE NOTE: Un recordation as set fort	inless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been on the in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
	(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)				

Authorized Signature ___/Eric L. Maschoff/ Reg. #36596 September 22, 2009 Date Typed or printed name ___ERIC L. MASCHOFF Registration No. 36,596 This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 37 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and this form and/or suggestion for reducing this burden, about the second of the confidence o

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□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2)

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Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

Issue Fee

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